

# **OPIOID ANALGESICS AND STIMULANT MEDICATIONS: A Clinician Guide to Prevent Misuse**

Advances in pharmacologic therapy have improved quality of life for patients living with pain, ADHD, and other conditions. At the same time, prescription (Rx) medication abuse and diversion is on the rise – particularly among adolescents and young adults. The most frequently abused medications include opioid analgesics, stimulants, and sedative-hypnotics (the focus of this publication is on the first two drug categories). *Utilizing clinical guidelines and standards can help protect your patients and your practice from Rx drug abuse and diversion.\**

\*This guide has been prepared for informational purposes and not as professional advice. Material has been gathered from third-party sources considered to be reliable. Clinicians are encouraged to review the highlighted websites and other resources to keep current on these issues.

**Massachusetts Department of Public Health  
Bureau of Substance Abuse Services  
Prevent Treat Recover for Life**

# RISK MANAGEMENT STRATEGIES

Following are recommended strategies for minimizing the misuse of Rx drugs:

- **Conduct a thorough initial assessment**, addressing topics such as temporal onset of each disorder; the patient's family history, genetic risk factors, and psychosocial stressors.
- **Integrate screening questions** – including those that address Rx drug abuse – into all histories and examinations. Validated tools include AUDIT, TWEAK, MAST-G, and CAGE. Specialized tools including SOAPP (Screener and Opioid Assessment for Patients in Pain) and CRAFFT are found in this guide.
- **Use controlled substances as part of an overall treatment plan.**
- **Document the treatment process**, including diagnosis, clinical indications, treatment time course, expected symptom endpoints, and reassessment.
- **Seek consultation** with peers and clinicians with specialized expertise, such as addiction medicine, psychopharmacology, pain management, and psychiatry.
- **Watch for patterns** of escalating use, drug-seeking behavior, doctor shopping, and other high risk behaviors (see below).
- **Maintain a current knowledge base** of conditions, pharmacologic and other therapies, addiction, basic screening tools, and substance abuse treatment resources (see back page).

## BEHAVIORS OF CONCERN

Patients with substance use disorder (SUD) history or at high risk of substance abuse (such as those with a coexisting psychiatric disorder) should not summarily be denied necessary medications, but would likely require additional monitoring, care, documentation, and consultation.

Watch for drug-seeking behavior such as patients highly preoccupied with their medication or presenting as overly friendly or assertive. Consider “10 questions to identify drug-seeking patients,” from the American College of Physicians (available at: [www.acponline.org/journals/news/apr02/drug\\_seeking.htm](http://www.acponline.org/journals/news/apr02/drug_seeking.htm)). However, patients may occasionally exhibit “pseudo-addiction” – “the pattern of drug-

seeking behavior of pain patients who are receiving inadequate pain management that can be mistaken for addiction.”\*

## **Rx WRITING TO MINIMIZE MISUSE AND DIVERSION**

- Keep Rx pads secure, and notify area pharmacies if an Rx pad is unaccounted for.
- To prevent fraud and tampering, prescribe the exact supply to the next appointment, and spell out numbers (such as “fourteen” for “14”).
- Establish refill and cross-coverage prescribing policies.

## **OPIOID ANALGESICS**

Advances in pain management have afforded patients in moderate to severe pain much-needed improvement in functional status and quality of life. Yet, recent studies suggest that problematic drug-related behaviors are common in populations treated with long-term opioid therapy.

Following pain management guidelines can help relieve patients’ pain while easing prescribers’ fears related to the provision of opioid analgesics as part of a treatment plan. Model guidelines, adopted by the MA Board of Registration in Medicine in 2004, are outlined by the Federation of State Medical Boards of the U.S. available at: [www.massmedboard.org/regs/pdf/use\\_controlled\\_substances.pdf](http://www.massmedboard.org/regs/pdf/use_controlled_substances.pdf).

## **ADDITIONAL STRATEGIES TO MINIMIZE MISUSE OF OPIOID ANALGESICS**

- Administer SOAPP screening tool or other screener with chronic pain patients considered for long-term opioid therapy (see pages 2 and 5).
- Recommend or require a “one prescriber, one pharmacy” policy with all patients.
- Consult with previous or referring physician and seek past medical records.

\*MA Board of Registration in Medicine, “Guidelines for the Use of Controlled Substances for the Treatment of Pain,” Federation of State Medical Boards of the United States, Inc.

- Consult with pain management and addiction specialists or refer patients to pain clinics when appropriate.
- Consider the use of a written patient agreement, particularly for patients at high risk for misuse or with a history of SUD. Such agreements may spell out consequences for non-adherence.
- Consider monitoring methods such as pill counts, limited medication quantities, and routine urine screens for high-risk patients.

## PATIENT COUNSELING POINTS

- Through discussion, patient materials, or written agreement, educate patients on their rights; diagnosis and treatment plan; possible side effects; and the potential for abuse, addiction, dependence, and tolerance of medications.
- Advise patients of the potential for medication diversion, even within their own home. Home is a primary point of Rx drug access for youth. Talk with patients about secure storage and monitoring of medications.
- Counsel patients to periodically assess their medications and dispose of unused or expired drugs. To dispose, medication should be crushed (if possible), put in its original container (with a child-resistant cap), sealed with tape, put in 2 plastic bags, and thrown in the trash. Medications should not be flushed down the toilet.

## POSSIBLE ALTERNATIVE AND ADJUNCT THERAPIES

- Non-opioid medications such as NSAIDs, acetaminophen, aspirin, antidepressants, antiseizure medications, muscle relaxants
- Biofeedback, relaxation techniques, psychotherapy
- Physical therapy, surgery

## ADDITIONAL RESOURCES

- Massachusetts Board of Registration in Medicine: [www.massmedboard.org](http://www.massmedboard.org)
- Prescription Drug Use Questionnaire: Compton P, Karakjian J, Miotto K (1998). Screening for addiction in patients with chronic pain and “problematic” substance use: Evaluation of a pilot assessment tool. *Journal of Pain and Symptom Management*, 16, 355-363.

# SOAPP: Screener and Opioid Assessment for Patients in Pain®

For use with chronic pain patients considered for long-term opioid therapy.

SOAPP is self-administered by the patient using a scale of zero to 4: Zero=Never, 1=Seldom, 2=Sometimes, 3=Often, 4=Very often.

Downloadable versions of the SOAPP, instructions for use, and video training materials are available at [www.painedu.org](http://www.painedu.org).

1. How often do you have mood swings?
2. How often do you smoke a cigarette within an hour after you wake up?
3. How often have any of your family members, including parents and grandparents, had a problem with alcohol or drugs?
4. How often have any of your close friends had a problem with alcohol or drugs?
5. How often have others suggested that you have a drug or alcohol problem?
6. How often have you attended an AA or NA meeting?
7. How often have you taken medication other than the way that it was prescribed?
8. How often have you been treated for an alcohol or drug problem?
9. How often have your medications been lost or stolen?
10. How often have others expressed concern over your use of medication?
11. How often have you felt a craving for medication?
12. How often have you been asked to give a urine screen for substance abuse?
13. How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years?
14. How often, in your lifetime, have you had legal problems or been arrested?

A score of 7 or higher may indicate a patient at increased risk of opioid abuse, warranting further assessment. The SOAPP is not intended to screen out patients for opioid therapy, though high scores suggest additional adherence management may be required.

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# STIMULANTS

While stimulant therapy can be highly effective, the abuse of stimulants is a growing problem among adolescents and young adults. Clinical practice guidelines of the American Academy of Pediatrics (see page 7) are the practice standard in ADHD management.

## ADDITIONAL STRATEGIES TO MINIMIZE MISUSE OF STIMULANTS

- Assess for other coexisting conditions (such as conduct disorder).
- Consult with a behavioral/developmental specialist in patient assessment and treatment.
- Consider use of intermediate- and long-acting stimulants, as appropriate.
- Maintain a regular appointment schedule and track patient medications.
- Administer CRAFFT screening tool with adolescent patients (see page 7) to assess risk for SUD; assess parent(s) for SUD to help prevent diversion.

## PATIENT AND PARENT COUNSELING POINTS

- Make parents aware of abuse and diversion; many youth taking stimulants report other children asking for or stealing their medication.
- Advise parents to supervise child at each dose and monitor child's medication; if medication must be taken during the school day, ask parents to coordinate with the school nurse, a required policy in schools.
- For patients preparing for college, counsel them to keep their use of stimulants private to avoid being approached by other students and to keep medications secured.

## POSSIBLE ALTERNATE AND ADJUNCT THERAPIES

- Behavior therapy as primary or adjunct therapy
- Second-line non-stimulant medications

## ADDITIONAL RESOURCES

- American Academy of Pediatrics Clinical Practice Guideline: Diagnosis and Evaluation of the Child With Attention-Deficit/Hyperactivity Disorder available at: <http://pediatrics.aappublications.org/cgi/content/full/105/5/1158>
- American Academy of Pediatrics Clinical Practice Guideline: Treatment of the School-Aged Child With Attention-Deficit/Hyperactivity Disorder available at: <http://pediatrics.aappublications.org/cgi/content/full/108/4/1033>

## CRAFFT screening tool

To be used with adolescents age 12 and older.

During the past year, have you ever:

- C:** Ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- R:** Used alcohol or drugs to RELAX, feel better about yourself, or fit in?
- A:** Used alcohol or drugs while you are by yourself, ALONE?
- F:** FORGOTTEN things you did while using alcohol or drugs?
- F:** Had your family or FRIENDS tell you that you should cut down on your drinking or drug use?
- T:** Gotten into TROUBLE while you were using alcohol or drugs?

Two or more “yes” responses suggest an alcohol- or drug-related disorder and warrant further assessment.

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## SCREENING, INTERVENTION, TREATMENT, REGULATORY, AND CONSUMER RESOURCES

- *Screening and management of substance use disorders* (available at National Guideline Clearinghouse: [www.guideline.gov](http://www.guideline.gov))
- **American Society of Addiction Medicine:** [www.asam.org](http://www.asam.org)
- **MA Substance Abuse Information and Education Helpline:** Prevention and treatment information, assessment and treatment referrals. 1-800-327-5050 (24 hours; multi-lingual) or [www.helpline-online.com](http://www.helpline-online.com)
- **Adolescent Substance Abuse Program, Children's Hospital, Boston:** Information, diagnosis, referrals. 1-617-355-2727 or [www.ceasar-boston.org](http://www.ceasar-boston.org)
- **Bureau of Substance Abuse Services, MA Department of Public Health:** Information, statistics, publications. [www.mass.gov/dph/bsas/bsas.htm](http://www.mass.gov/dph/bsas/bsas.htm)
- **MA Board of Registration in Medicine:** [www.massmedboard.org/regs](http://www.massmedboard.org/regs)
- **U.S. Drug Enforcement Administration:** [www.dea.gov](http://www.dea.gov)
- **MA Health Promotion Clearinghouse:** Free publications for providers and consumers on substance abuse prevention and other health topics, including the downloadable Provider Update series. 1-800-952-6637 or [www.maclearinghouse.com](http://www.maclearinghouse.com)

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